

**235.45****Preparing and Feeding Infant Formula****Overview**

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**Introduction** This policy provides guidelines for preparing and feeding infant formula.

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## Guidelines for Preparing and Feeding Infant Formula

### Introduction

These guidelines for preparing and feeding formula reflect recommended practices. Use these guidelines when:

- Evaluating potential feeding problems or
- Providing nutrition education to parents of formula-fed infants.

**Note:** Following manufacturer or Health Care Provider preparation, handling and storage instructions are always recommended.

### Sanitation

Follow these steps to ensure that the formula is prepared in a sanitary manner.

Step	Action
1	<ul style="list-style-type: none"> <li>• Clean area in which the formula is to be diluted, and</li> <li>• Wash hands with warm soapy water.</li> </ul>
2	Wash bottle, nipple and equipment in hot soapy water and rinse thoroughly.
3	If concentrate is used, wipe the top of the can with warm soapy water and shake the can well before opening

### Formula proportions

Follow these **general** guidelines to prepare standard infant formula to 20 calories/oz.

Formula Type	Preparation
Ready-to-use	No mixing is required.
Concentrate (liquid)	<ul style="list-style-type: none"> <li>• Shake can well before opening.</li> <li>• Mix equal amounts of formula and clean water. <u>Example:</u> Mix 13 ounces of water with a 13-ounce can of concentrate.</li> </ul>
Powder	<ul style="list-style-type: none"> <li>• Mix 1 scoop of powder with 2 ounces of clean water. <u>Example:</u> To make an 4-ounce bottle, mix 2 scoops of powdered formula with 4 ounces of clean water.</li> </ul>

**Storage**

Store the prepared formula in the refrigerator until use. Prepared infant formula should be discarded if it has been:

- Refrigerated more than 24 hours.
- Left in the bottle more than 1 hour since that feeding started.
- Kept at room temperature for more than 2 hours.

Caution: If refrigeration is not available, mix powdered formula at the time of the feeding and in the amount needed for that feeding.

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## Guidelines for Preparing and Feeding Infant Formula, Continued

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**Frequency** Infants will eat as often as needed and the amount needed over a 24-hour period will vary depending on the infant's age, size, level of activity, metabolic rate, medical conditions, and other source(s) of nutrition (breast milk and/or complementary food). Thus, unless medically indicated otherwise, infants should be fed on demand, i.e., fed based on their hunger cues and feedings stopped based on their satiety cues.

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**Hunger and Satiety Cues** An infant who is hungry may:

- Wake and toss
- Suck on a fist, open their mouth and turn their mouth towards you if you stroke their cheek
- Cry or fuss or
- Appear like he or she is going to cry.

Do not overfeed the infant. Stop feeding when the infant:

- Closes his/her mouth,
  - Stops sucking, spits out the nipple, turns away from the bottle, or
  - Wants to play instead of eat.
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**Feeding position** Hold the infant during feeding and elevate the infant's head slightly. The baby should also be able to look at the caregiver's face. This will:

- Ensure adequate feeding,
- Make the infant comfortable, help ensure bonding, and
- Lessen the chances of choking, earache, or nursing mouth decay.

Note: Lay the infant on his/her back or side after feeding, for naps and at bedtime.

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**Burping** Position the infant across the shoulder or lap and gently pat the infant's back. An infant can also be supported in a sitting position in the caregiver's lap and their back patted or rubbed.

- Burp the infant at any natural break in the feeding to help slow the feeding, reduce the amount of air swallowed, and facilitate socialization between the infant and caregiver.

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## Concentrating the Caloric Density of Infant Formulas

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**Background**

In some situations, health care providers recommend concentrating infant formulas by altering the mixing or dilution directions.

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**Verify the prescription**

Some infant formulas are manufactured as ready-to-feed products already concentrated at 24 calories/ounce or 27 calories/ounce. Because the renal solute load and the density of other nutrients varies between these products, it is critical to verify prescriptions for calorically dense infant formulas to determine if the health provider is prescribing:

- A standard formula prepared to increase caloric density, **or**
- A ready-to-feed high calorie formula.

Note: Some providers concentrate the caloric density of formulas by reducing the amount of water and adding a carbohydrate or fat module.

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**Calculating amount to issue**

When a formula is mixed at other than standard dilution, the amount of formula that can be issued is still the regulatory maximum for the type of formula (i.e., ready-to-feed, concentrate, or powder).

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